

SDSU FACILITY RENTAL RESERVATION REQUEST

Requestor: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Organization: _____ Federal Tax ID #: _____

_____ a government agency _____ a nonprofit, charitable, education, or character building organization
_____ other _____ a group or individual who will use the facility for education or noncommercial uses

SDSU Co-Sponsor: _____
Name/Department Campus Phone *Note: SDSU Co-Sponsor must sign this form*

Date(s) of Rental: _____ Facility Requested: _____

Time of Event: _____ to _____ Start Set-up at: _____ End Clean-up at: _____

Description of Event: _____

_____ admission charge (yes/no) _____ cost of admission _____ estimate number of people attending

SPECIAL NEEDS: _____ with lights _____ clean-up required _____ help with set-up
_____ pre-pay parking _____ clean-up not required
_____ self-parking _____ estimate number of cars

CONCESSION NEEDS: Contact Aztec Shops Concession Manager at 619-594-4632.

MERCHANDISE: _____ request to sell items at event type of items: _____
(Contact Merchandise Manager at 619-594-7502 for approval)

SPECIAL EQUIPMENT: _____ # of Chairs _____ # of Tables _____ TV/VCR
_____ Overhead Projector _____ PA System _____ Scoreboard

Other: _____

All requests for use of facilities must be submitted on this form to Business Services prior to any formal approval. Requests must be mailed or faxed to the following address.

Anna Ellrott San Diego State University Phone: 619-594-6114
Business Services 5555 Canyon Crest Drive Fax: 619-594-1487
San Diego, CA 92182-8500

CONDITION: Applicant agrees that any activity conducted will be in accordance with all pertinent University regulations and policies, as well as any applicable federal, state or local laws. Any damages or unusual expenses incurred by the University resulting from this activity will be responsibility of the user. Applicant will provide proof of liability insurance of \$2 million per event. The rental fee must be paid in full prior to the event.

Certificate of Insurance to be provided by: _____

Signature of Person Responsible for Event Date